



Quality Assurance Early Warning System for Long-Term Care Facilities

**As Required by
Health and Safety Code**

Section 255.005

Health and Human Services

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Introduction

The *Quality Assurance Early Warning System for Long-term Care Facilities* report is submitted in compliance with Health and Safety Code, Section 255.005.

Section 255.005 requires the Health and Human Services Commission to assess and evaluate the effectiveness of the long-term care facility Early Warning System (EWS), and to report findings annually to the Governor, Lieutenant Governor, and Speaker of the House of Representatives. The report must assess and evaluate the effectiveness of the EWS.

EWS is a statistical model that helps predict which nursing facilities have a higher risk of performing poorly on an inspection, such as a regulatory survey or complaint investigation, due to conditions detrimental to the health, safety, and welfare of residents. The EWS score is a way to aggregate variables together based on a statistical model; that score is then used to determine whether the model (and thus the EWS score) performs better than chance at discriminating between low risk and high risk groups. EWS scoring criteria are assessed annually and predictions are compared to actual inspection outcomes, including resident care deficiencies. The current EWS model accurately predicts which facilities are classified as high and low risk 68 percent of the time, compared to the 65 percent accuracy rate for fiscal year 2016.

Facilities are scored based on:

- Findings from the facility's annual survey and complaint investigations, including the total number of selected deficiencies cited in the previous three years
- Findings from previous quality monitoring visits
- Quality measures from Minimum Data Set resident care assessments

Quality Monitoring Program (QMP) staff continue to evaluate the current EWS model, and test additional changes designed to improve the accuracy of its predictions.

Facilities with a history of resident care deficiencies or EWS scores indicating they are at medium or high risk receive priority assistance from the non-regulatory QMP

staff. QMP staff visited 554 unduplicated nursing facilities, and conducted 1,917 monitoring visits, regardless of type, in fiscal year 2017.

Required Data

Quality Monitoring Visits

QMP quality monitors include nurses, pharmacists, and dietitians, who conduct quality monitoring (QM) visits for medium to high-risk facilities or facilities with a history of resident care deficiencies. An initial QM visit is the first visit conducted within a 12 month time-frame.¹ During the initial QM visit, quality monitors evaluate the overall quality of life in the facility and specific clinical areas. Based on this evaluation, quality monitors partner with facility staff and provide educational and technical assistance to improve quality of care and resident outcomes. Quality monitors schedule a follow-up visit within 45 calendar days to ensure progress toward improvements. Monitoring visits conducted after the 45-day follow-up are classified as routine QM or follow-up visits. Facilities can also request a QM visit.²

Table 1. Number of Initial and Follow-Up Quality Monitoring Visits - Fiscal Year 2017

Visit Type	Number of Visits	Number of Unduplicated Nursing Facilities
Initial Quality Monitoring Visit	340	340
45-Day Follow-Up Visit	288	288
Quality Monitoring Visit	500	354
Quality Monitoring Follow-Up Visit	51	41
Total Visits	1,179	N/A³

¹ Once 12 months have passed with no quality monitoring visits made to the facility, the next visit to the facility would be considered a first or initial visit and not a follow up.

² QMP cannot help facilities prepare for a regulatory services survey or be included as part of a plan for correction to address deficiencies identified in a survey or investigation.

³ The number of unduplicated nursing facilities is by visit type only. A facility may have had multiple visits within the year, but of different visit types.

Rapid Response Team Visits

QMP sends rapid response teams (RRTs) to complete comprehensive quality monitoring visits at facilities with the most need.

RRTs are sent to facilities:

- Whose EWS scores indicate they are at high risk;
- With three deficiency citations related to abuse and neglect in a 24-month period;
- Determined to constitute an immediate threat to health and safety; or
- Requesting an RRT.⁴

RRTs complete an initial monitoring visit lasting up to four days. The full team or key members schedule follow-up visits over a six-month period to monitor the facility's progress. Facilities are required by state statute to cooperate with the RRT to improve quality of care and resident outcomes. RRTs are usually made up of quality monitors from multiple clinical disciplines,⁵ the facility's regional regulatory services facility liaison, the Long Term Care Ombudsman, and others as needed.

Table 2. Number of RRT Initial and Follow-Up Visits - Fiscal Year 2017

Visit Type	Number of Visits	Number of Unduplicated Nursing Facilities
Initial RRT Visit	286	63
Follow-Up RRT Visit	287	58
Total Visits	573	N/A⁶

⁴ The RRT visit cannot occur before the 60th day after an exit interview following an annual or follow-up survey or inspection and the RRT may not be used to help facilities prepare for a regular inspection or survey.

⁵ RRTs usually include quality monitors from more than one clinical discipline to ensure a range of clinical issues can be addressed and a broad evaluation of the facility's resident care systems is achieved.

⁶ The number of unduplicated nursing facilities is by visit type only. A facility may have had multiple visits within the year, but of different visit types.

Other Visit Types

Introductory Visits

Introductory visits are conducted when new facilities open. The visits are used to explain the purpose of the QMP to facility staff, as well as the resources available to assist the facility with quality improvement activities. While new facilities opened in fiscal year 2017, there were no introductory visits. The activities generally conducted during an introductory visit were completed during other types of visits, usually initial quality monitoring visits.

In-Service Visits

During in-service visits, quality monitors provide in-service education presentations to nursing facility staff, offering evidence-based information in an interactive manner. The information provided supports quality improvement.

Table 3. Number of Other Visits - Fiscal Year 2017

Visit Type	Number of Visits	Number of Unduplicated Nursing Facilities
Introductory Visit	0	0
In-Service Visit	165	137
Total Visits	165	N/A⁷

⁷ The number of unduplicated nursing facilities is by visit type only. A facility may have had multiple visits within the year, but of different visit types.

List of Acronyms

Acronym	Full Name
EWS	Early Warning System
QMP	Quality Monitoring Program
RRT	Rapid Response Team